

FIRST STEPS

KENTUCKY'S EARLY INTERVENTION SYSTEM

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Commonwealth of Kentucky
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Meeting the 45 Day Timeline

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Service Changes

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-Jane Fay



How They Improved Their 45 Day Timeline

There are, without question, challenges to completing an evaluation, assessment and IFSP in 45 calendar days. Some of those challenges include difficulty contacting families; difficulty coordinating ISC, provider and family schedules; disruptions due to child illness and/or hospitalization; and untimely receipt of reports and other necessary paperwork.

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"We first contacted the providers and asked them to tell us what days they were available for IFSP meetings, so they felt we were taking their schedules into account when we scheduled initial IFSP meetings with families. Then, at intake appointments, we scheduled the initial IFSP with the family, 2-3 weeks from the intake date, based on the days the providers were available. At first, it was difficult getting schedules to mesh and we sometimes had to call providers from the intake to see if they could be available, but eventually, the providers realized how important the initial IFSP meetings were. We also gave families CFC calendars that we created and wrote the date of the initial IFSP on the calendar (and encouraged the providers to remind the families of the initial IFSP date when they completed their evaluations). We also decided to help the providers at six month and annual review meetings by asking them when they were at the home for visits, so we scheduled our meetings around their schedules at those times (a little give and take on both sides always helps)." -Delreen (rural CFC serving 11 counties in Central and Southern Illinois with an average monthly caseload of 400—500 children and families)

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"We had an excellent and experienced staff at the time who took pride in the work they did. We also had an excellent working relationship with our EI community who were committed to the improvement in the IFSP process. When we identified problem issues within the process, we were able to work these out with individual providers. Providers who didn't buy into the process, wouldn't comply with our report guidelines, etc. were eventually weeded out of our service area. Without the excellence and commitment of our staff, we would never have succeeded" - Dolores

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"As a manager, I communicated with my service coordinators much more frequently and gave them 10 day reminders ... basically, a reminder that this family was nearing their 45th day—was there a problem, was something scheduled, etc. If I could help, I would." - Susan

Another strategy that is being explored by a POE here in Kentucky is the use of a "pre-report" form, which would allow the evaluator to provider the ISC with some basic eligibility information shortly following the evaluation so that the ISC can immediately begin scheduling assessments, if necessary, and planning for the IFSP meeting.



Center to Inform Personnel Preparation Policy and Practice Survey

On behalf of the Center to Inform Personnel Preparation Policy and Practice, we thank you for taking the time to complete this survey. The purpose of the survey is to examine issues important to work force development in Early Intervention. The items will help us develop a national training agenda which will be shared with the Office for Special Education Programs (the funder for this project) as well as states that are looking to develop training opportunities for their work force in Part C programs.

In order to be eligible for this survey, you must be working for or contracting with a Part C or Part 619 funded program. Please pass this along to your colleagues in this category.

The survey should take about 30 minutes to complete.

Your participation is voluntary and you may refuse to participate and/or discontinue participation at any time without consequence. You may also skip any question that you do not wish to answer. Your responses are anonymous.

You will not be paid for completing this survey.

Questions about this study may be directed to the Principal Investigator, Dr. Mary Beth Bruder, at 860-679-1500. Questions regarding the rights of research subjects should be directed to an IRB Representative at 860-679-8729 or 860-679-3054.

Click on the appropriate link below to go directly to SurveyMonkey, the website hosting our study:

Part C Providers Link:

<http://www.surveymonkey.com/s.asp?u=661022667204>

619 Providers Link:

<http://www.surveymonkey.com/s.asp?u=623972729565>



A Word About Record Retention

HIPPA requires that records be retained for 6 years from the date when it was last in effect. In addition, it may be necessary to retain the record longer if it is part of an ongoing dispute. Records can be scanned and saved and the hard copy destroyed provided that the it meets the guidelines outlined below:

As long as the scanned copy is readable and not distorted in a way that is significant to the understanding, interpretation or legal admissibility of the document.

There is actually a statute that covers this and which refers to Kentucky Department of Libraries and Archives (KDLA) policies.

Here is a link to that statute: <http://www.lrc.state.ky.us/KRS/171-00/660.PDF>.

KDLA's policies provide guidelines for quality controls on digital imaging. They also provide some other requirements that only apply to records required to be retained for longer than 10 years, such as creation of a microfilm or other eye-readable backup. Here is an excerpt that would apply to your project:

A process of inspection must be in place to confirm that imaged documents are legible and that no corners of the original documents were folded or obscured during scanning. This process should include systematic quality control and audit procedures, as well as operational oversight by staff with detailed knowledge of the process or system used to produce the records. Resolution and use of gray scale should be appropriate to capture all needed detail within documents. Similarly, scanned images must capture all colors represented in the original documents which are needed to interpret or understand the meaning of the original. The accuracy of the indexing process must also be assured through procedures that visually verify indexes after they have been keyed or created through optical character recognition.

Here is a link to the complete text of the policy memorandum: <http://www.kdla.ky.gov/recmanagement/tutorial/PM96-1.htm>

Here is a link to some general information about digital imaging of records: <http://www.kdla.ky.gov/recmanagement/tutorial/digitalimaging.htm>

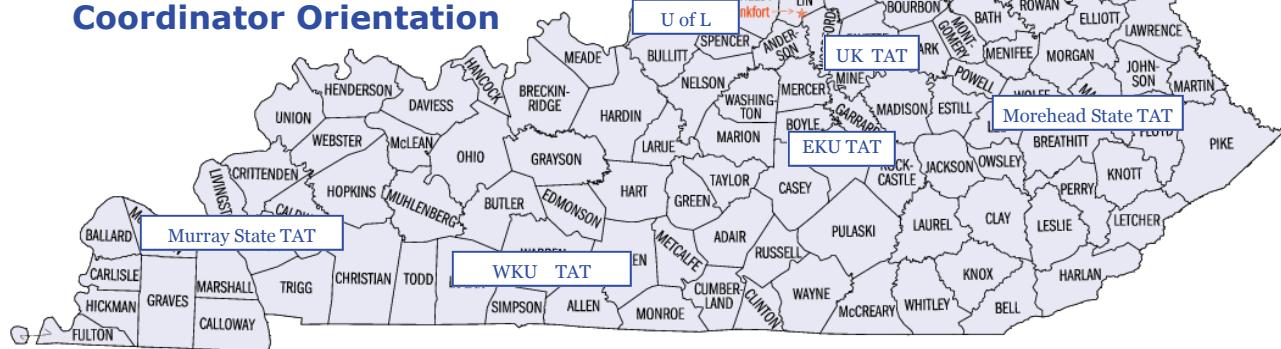
Finally, here is a link to some guidelines for ensuring the long-term accessibility and usability of digital records: <http://www.kdla.ky.gov/recmanagement/Imaging%20guidelines.pdf>

-Legal Counsel





Regional Training Schedule for Provider Orientation and Service Coordinator Orientation



Technical Assistance Teams (TAT) by region throughout Kentucky

January Provider Orientation:

[Morehead State TAT](#)-Jan. 3, W. Liberty Campus

[Murray State TAT](#)-Jan. 3, Murray State Campus

[WKU TAT](#)-Jan. 9, Owensboro, Green River Health Dept.

[EKU TAT](#)-Jan. 22, Laurel Co. Library in London, KY

[UK TAT](#)-Jan. 23, UK Taylor Ed. Bldg.

[U of L TAT](#)-January 24, Urban Government Bldg

[NorthKey TAT](#)-Jan. 24, NKY ADD, Florence

January 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3 Morehead State TAT -Jan. 3, W. Liberty Campus Murray State TAT -Jan. 3, Murray State Campus	4	5	6
7	8	9 WKU TAT -Jan. 9, Murray State Cam- pus Green River HD	10	11	12	13
14	15	16	17	18	19	20
21	22 EKU TAT -Jan. 22, Laurel Co. Library London	23 UK TAT -Jan. 23, UK Taylor Ed. Bldg.	24 NorthKey TAT -Jan. 24, NKY ADD U of L TAT -Jan. 24, Urban Government Bldg.	25	26	27
28	29	30	31			30





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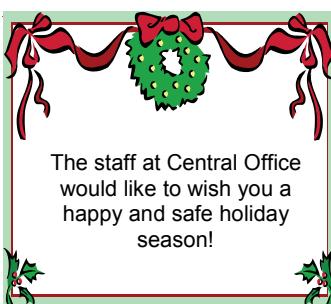
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Another strategy that is being explored by a POE here in Kentucky is the use of a "pre-report" form, which would allow the evaluator to provider the ISC with some basic eligibility information shortly following the evaluation so that the ISC can immediately begin scheduling assessments, if necessary, and planning for the IFSP meeting.



Center to Inform Personnel Preparation Policy and Practice Survey

On behalf of the Center to Inform Personnel Preparation Policy and Practice, we thank you for taking the time to complete this survey. The purpose of the survey is to examine issues important to work force development in Early Intervention. The items will help us develop a national training agenda which will be shared with the Office for Special Education Programs (the funder for this project) as well as states that are looking to develop training opportunities for their work force in Part C programs.

In order to be eligible for this survey, you must be working for or contracting with a Part C or Part 619 funded program. Please pass this along to your colleagues in this category.

The survey should take about 30 minutes to complete.

Your participation is voluntary and you may refuse to participate and/or discontinue participation at any time without consequence. You may also skip any question that you do not wish to answer. Your responses are anonymous.

You will not be paid for completing this survey.

Questions about this study may be directed to the Principal Investigator, Dr. Mary Beth Bruder, at 860-679-1500. Questions regarding the rights of research subjects should be directed to an IRB Representative at 860-679-8729 or 860-679-3054.

Click on the appropriate link below to go directly to SurveyMonkey, the website hosting our study:

Part C Providers Link:

<http://www.surveymonkey.com/s.asp?u=661022667204>

619 Providers Link:

<http://www.surveymonkey.com/s.asp?u=623972729565>



A Word About Record Retention

HIPPA requires that records be retained for 6 years from the date when it was last in effect. In addition, it may be necessary to retain the record longer if it is part of an ongoing dispute. Records can be scanned and saved and the hard copy destroyed provided that the it meets the guidelines outlined below:

As long as the scanned copy is readable and not distorted in a way that is significant to the understanding, interpretation or legal admissibility of the document.

There is actually a statute that covers this and which refers to Kentucky Department of Libraries and Archives (KDLA) policies.

Here is a link to that statute: <http://www.lrc.state.ky.us/KRS/171-00/660.PDF>.

KDLA's policies provide guidelines for quality controls on digital imaging. They also provide some other requirements that only apply to records required to be retained for longer than 10 years, such as creation of a microfilm or other eye-readable backup. Here is an excerpt that would apply to your project:

A process of inspection must be in place to confirm that imaged documents are legible and that no corners of the original documents were folded or obscured during scanning. This process should include systematic quality control and audit procedures, as well as operational oversight by staff with detailed knowledge of the process or system used to produce the records. Resolution and use of gray scale should be appropriate to capture all needed detail within documents. Similarly, scanned images must capture all colors represented in the original documents which are needed to interpret or understand the meaning of the original. The accuracy of the indexing process must also be assured through procedures that visually verify indexes after they have been keyed or created through optical character recognition.

Here is a link to the complete text of the policy memorandum: <http://www.kdla.ky.gov/recmanagement/tutorial/PM96-1.htm>

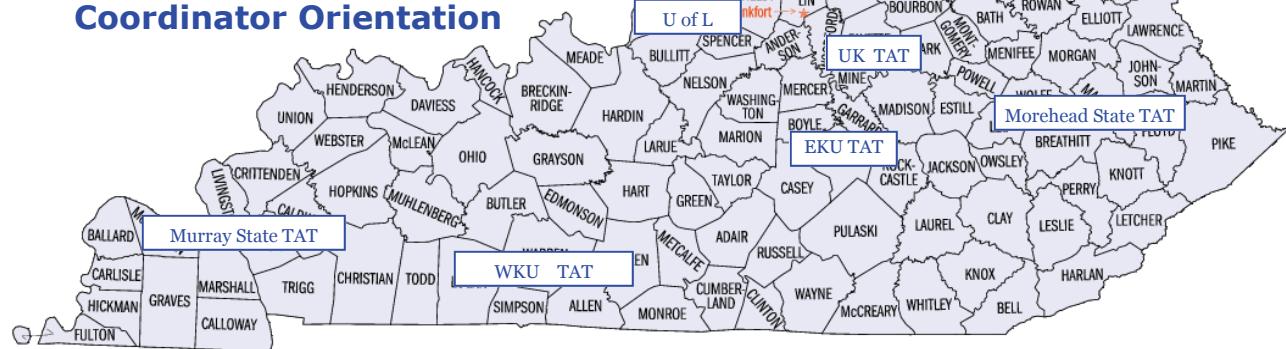
Here is a link to some general information about digital imaging of records: <http://www.kdla.ky.gov/recmanagement/tutorial/digitalimaging.htm>

Finally, here is a link to some guidelines for ensuring the long-term accessibility and usability of digital records: <http://www.kdla.ky.gov/recmanagement/Imaging%20guidelines.pdf>

-Legal Counsel



Regional Training Schedule for Provider Orientation and Service Coordinator Orientation



Technical Assistance Teams (TAT) by region throughout Kentucky

January Provider Orientations:

EKU TAT-Jan. 22, Laurel Co. Library in London, KY

Morehead State TAT-Jan. 3, W. Liberty Campus

Murray State TAT-Jan. 3, Murray State Campus

NorthKey Community Care-Jan. 24, NKY ADD

UK TAT-Jan. 23, UK Taylor Ed. Bldg.

U of L TAT-January 24, Urban Government Bldg.

WKU TAT-Jan. 9 Owensboro, Green River Health

December 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18 PSC Training- Murray State TAT	19 PSC Training- Murray State TAT	20 PSC Training- Murray State	21	22	23
24	25 	26	27	28	29	30
31						



FIRST STEPS

KENTUCKY'S EARLY INTERVENTION SYSTEM

Inside this issue:

Commonwealth of Kentucky
Department for Public Health

Trainer's Credential **2**

Part C Survey **2**

Training Schedule **3**

Happy Thanksgiving 

First Steps Welcomes
Angela "Angie" Short
as our new Parent
Consultant at More-
head State University.

Angie can be reached
at 606-783-2458. Her
email account is in the
process of being set
up.

First Steps Transition Module Available on TRAIN



If you haven't created an account on TRAIN now's the time! What's TRAIN? TRAIN is the TrainingFinder Real-time Affiliate Integrated Network. This network is set up to provide access to on-line training modules, real-time training schedules, certificates, and a resource for keeping track of completed trainings.



Brenda Mullins, of the UK Interdisciplinary Human Development Institute (IHDI), Project Coordinator for the Kentucky Early Childhood Transition Project developed

the Transition Module for First Steps Primary Service Coordinators and others interested in learning more about Transition in First Steps. The Module is titled, First Steps- IFSP Transition Plan: The Key to Success for First Steps Children and Families. This module was added to the TRAIN course schedule on Monday November 6. It represents the first module offered for First Steps through the TRAIN system. In the coming months we plan to provide additional course offerings through the system as it

allows for interactive individual learning without the cost or time requirements associated with travel.

Please take time to register with TRAIN and explore the wide variety of training available on-line. For a limited time, First Steps-IFSP Transition Plan: The Key to Success for First Steps Children and Families, will be featured on the TRAIN homepage. To register type ky.train.org into the address field of your browser. Remove the <http://> and /or the www. Problems? Contact: Debbie Bohannon@ 502-564-4990

Important Announcement from CBIS

The December 13, 2006 billing cycle will be the last billing cycle for 2006. In the past, CBIS has ran a short cycle before the Christmas holiday. CBIS will NOT run a short cycle this year.

The next billing cycle after December 13, will be on January 11, 2007. This means that there will be roughly 4 weeks between those two billing cycles. Please be reminded to have all billing and summary sheets into CBIS

by our December 6 cut-off date. Anything received after December 6, will not be processed until the January 11 billing cycle. The cut-off date for the January 11, 2007 cycle will be on January 3, 2007.

All bills and summary sheets that will be processed for the January 11 cycle must be at CBIS on January 3. Plan your billing based on the cut-off and billing cycle dates. Providers must submit billing and summary sheets for proc-

essing based on the CBIS cut-off dates. If CBIS receives bills and/or summary sheets by the cut-off date, those bills and summary sheets will be processed for that billing cycle.

If CBIS receives bills and/or summary sheets after the cut-off date, those documents will not be processed until the following billing cycle.

From the CBIS webpage



Is it Time to Renew Your Trainer's Credential?

For those of you who will need to renew your credential in the next year, the best advice is "DON'T WAIT!" If you hold a certificate at Levels 2-4, don't forget about the requirements for renewal:

30 early childhood hours

15 adult learning theory hrs

The 30 hours in early childhood must be either through a credentialed trainer or a Cabinet

pre-approved training event.

A current list of credentialed trainers, the Cabinet pre-approved training event list, and the application for pre-registering training events can be found on the Division of Child Care Professional Development website:

http://chfs.ky.gov/dcbs/dcc/trng_app.htm

The 15 hours in adult learning theory are available through the following

training opportunities: Trainer's Dial-A-Discussion, Beyond Fundamentals Module, and Trainer's Institute

A Schedule for adult learning theory hours is available on the Training into Practice Project website www.ihdi.uky.edu/tipp.

Renewal applications should arrive in the TIPP office no later than 30 days prior to expiration—sooner is even better.

This allows time for the Trainer's Credential coordinator to review the application, determine if any information is missing, and contact you prior to expiration. Additional information about the renewal process and the application for renewal can be found on the TIPP website.

Information provided by: Patti Naber, Trainer's Credential Coordinator

Service Providers Part C and Part 619 Survey

To: Part C & Part 619 Service Providers

The survey should take about 30 minutes to complete.

RE: Confidence and Competence Survey

Your participation is voluntary and you may refuse to participate and/or discontinue participation at any time without consequence. You may also skip any question that you do not wish to answer. Your responses are anonymous.

You will not be paid for completing this survey.

Questions about this study may be directed to the Principal Investigator, Dr. Mary Beth Bruder, at 860-679-1500. Questions regarding the rights of research subjects should be directed to an IRB Representative at 860-679-8729 or 860-679-3054.

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<http://www.surveymonkey.com/s.asp?u=661022667204>

619 Providers Link:

<http://www.surveymonkey.com/s.asp?u=623972729565>

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In order to be eligible for this survey, you must be providing services in a Part C funded program. Please pass this along to your colleagues in this category.



NOVEMBER TRAINING

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9 Day 5 Murray	10	11
12	13	14 Day 3 W. Liberty	15 Day 4 W. Liberty	16 TAT Meeting	17 UK Provider Orientation	18
19	20	21	22	23  Thanksgiving	24	25
26	27	28	29	30 Paducah Provider Orientation		

FIRST STEPS

KENTUCKY'S EARLY INTERVENTION SYSTEM



Inside this issue:

Commonwealth of Kentucky

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at HANDS Fall Retreat

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tive Model?

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Since Provider Forum

First Steps Says Good Luck as Staff Move to New Positions

Recently, Meredith Brown First Steps Section Supervisor/Part C Coordinator accepted a position for Personnel, Training and Outreach with the Commission for Children with Special Health Care Needs. We will truly miss her energy and enthusiasm for First Steps.

Hello,

I am emailing to inform you that I will be leaving the position of Part C Coordinator effective September 15, 2006. This was a very hard decision; however I am transferring to a state agency that is closer to my home. I have enjoyed the two years that I have worked for First Steps. I will take this opportunity to say thank you to those who supported and encouraged me during my time

with this program. During this time, I have had the privilege to work along with dedicated individuals who strive to ensure that families and children receive the early intervention services that they need.

The Central Office Staff I leave behind are great individuals who will continue to work hard to assist you. This dedicated group will continue to strive to make the First Steps program a national success. While I am leaving the First Steps program, I will continue to speak proudly of your hard work and efforts and promote the services that you provide to families and children.

I will not say goodbye because I am sure our paths will meet again....until then I wish you the

best in all of your future endeavors.

With sincere thanks,

*Meredith Brown MS, RD, LD
First Steps Section Supervisor/
Part C Coordinator*

Changes in the field:

First Steps also says a fond farewell to Pam Rockwell- Parent Consultant at Murray State University, Sandra Wilson-Program Consultant at Western Kentucky University, and Deborah McKenzie-Evaluation Specialist at Morehead State University.

We wish you all the best with your new pursuits !

- Check out the on-line surveys while they last: Training Survey, Technical Assistance Survey, and Satisfaction Survey. They will be available on the First Steps homepage through October 31. Don't miss this opportunity to give your feedback!

First Steps Welcomes a New Part C Coordinator- Kirsten Hammock

It's official; Kirsten Hammock has accepted the position of First Steps new Part C Coordinator.

Kirsten was recently hired as the Quality Assurance Administrator, and has an extensive back-

ground in early intervention. She worked for the Lead Agency in Illinois for 11 years providing monitoring and technical assistance, developing policies and procedures, and coordinating program planning efforts. Kirsten worked closely with the

State Interagency Coordinating council in Illinois, participated in and technically supported the development of a system of performance contracting, and coordinated the development of a Child Outcome measurement system. Welcome Kirsten!



Anne Bolly to present at HANDS fall retreat Co-presenter will be Kelly Basham

First Steps will offer an informational seminar presented by our own Anne Bolly. She will be presenting with Kelly Basham. The session will give an overview of the First Steps program, and will illustrate how the HANDS and First Steps programs compliment each other. Anne and Kelly will illustrate opportunities for First Steps and HANDS to collaborate.

Kelly Basham was a HANDS home visitor and is now an Initial Service Coordinator in the First Steps program. The presentation will include eligibility determination, costs to the family, services, Individualized Family Service Plan (IFSP), and the consultative model of service delivery. The session will address how a HANDS worker can help support a family who is dually

served by First Steps and HANDS. The session will demonstrate how HANDS workers can collaborate with First Steps Service coordinators to identify community resources that could benefit families served by these programs.

The HANDS Fall Retreat will be held on October 18th and 19th at the Holiday Inn North in Lexington, KY.

Ever Heard of Chicken Soup for the Soul?

Do you have a heart-warming, insightful, and powerfully moving story about what life has taught you and how to live life to its fullest? The authors of the New York Times Best-selling book series, Chicken Soup for the Soul are currently seeking stories to be included in a new book tentatively titled Chicken Soup for the Special Needs Community: 101 heartwarming, helpful, healing stories that offer inspiration and promise surrounding the lives of special needs individuals. Through these stories, the readers learn how others facing similar

challenges can learn to overcome the many obstacles they have.

They do this by connecting with emotions in the real life experience by learning they can choose peace and happiness in each situation regardless of how challenging it appears from the outside.

Now you have an opportunity to contribute to this new series by sharing your strengths, insights, knowledge, and wisdom.

What makes a good Chicken Soup story?

A Chicken Soup story is an inspirational, true story that opens the heart and re-kindles the spirit.

It is the personal account of an event, an obstacle overcome, a lesson learned or a dream fulfilled that helps the reader discover basic principles they can use in their own lives.

They are looking for "teaching tales" that inspire the reader to draw their own conclusions and insights from the story itself. If you have a story you would like to submit, please email your stories to:

stories@chickensoupforthesoul.com

Thanks to Robert Day for this information.



What is the Consultative Model of Service Delivery?

In response to requests from the field for additional information, the First Steps program is beginning a series of articles dedicated to the Consultative Model of service delivery. The purpose of this series of articles is to give First Steps service coordinators and providers a better overall understanding of the Consultative Model, to assist IFSP team members in developing service plans that reflect the Consultative Model of service delivery, and to enable First Steps providers to reflect on and adjust, when necessary, current practice in order to better support the Consultative Model of service delivery.

The First Steps program began to move toward a Consultative Model of service delivery almost two years ago. This move was supported by an increased knowledge base related to early childhood development and learning and a growing body of research supporting naturalistic, activity/routine-based intervention.

In the article More is Better: Maximizing Natural Learning Opportunities (*Young Exceptional Children*, 6(3), 21-26), author Lee Ann Jung describes Consultative Service Delivery in the following way:

"File and Kontos (1992) provide a clearer picture of consultation in natural environments. They describe consultation as a triadic helping process in which the consultant (early interventionist) provides intervention to the child through the child's family or caregiver. In other words, while it is important for early interventionists to collaborate and share what each is doing, the consultation should focus on sharing information and supporting the family and childcare providers."

"By providing strategies to caregivers that allow them to maximize natural learning opportunities in their daily routines and activities, the child has multiple opportunities for intervention across the day, every day and in contexts that are immediately meaningful to the child and family."

This model of service delivery directly supports the way in which young children learn. In the book *Teaching Infants and Preschoolers with Disabilities* (3rd ed.), R.A. McWilliam describes how young children learn in the following way:

"Young children learn through repeated interactions with their environments, dispersed over time, not through trials massed into sessions or lessons. Each repeated practice that older children might receive in such situations adds to the child's learning. In young children, practices need to (be) spaced apart enough for the child to process the information. Furthermore, when the child is taught in the context of naturally occurring stimuli, the child learns to use the behavior in the relevant context. The corollary is teaching language through flash cards versus conversation. The role of the home visitor (interventionist) needs to reflect the reality that children learn throughout the day, whether planned or otherwise. It will emphasize support to the family to be effective teachers, rather than direct intervention with the child."

What is the Consultative Model of Service Delivery? (continued)

In contrast to a Direct Services Model, in which an interventionist works directly with a child while the caregiver passively observes or even leaves the room, a Consultative Model views the caregiver as the primary focus of the intervention. In a Consultative Model, the interventionist provides the caregiver with strategies to embed intervention into everyday routines and activities; whereby increasing the number of opportunities the child has during a given day to practice one or more new skills across a variety of activities and settings.

Consider and compare the following vignettes:

- 1) *Lindsay, a Physical Therapist (PT) with the Part C Early Intervention program, arrived at Mary Smith's home at 11:30 am for Mary's 18 month old daughter, Jaya's, PT session. Jaya was in the living room sitting awkwardly on the floor with her four year old brother, Mason, who was engineering a battle between a velociraptor and a T-Rex. Jaya was entranced. Mary rushed to clean up the children's toys, poured herself a cup of coffee and went with Mason to the bedroom. Jaya cried as Mary and Mason left the room.*

Lindsay smiled and spoke sweetly to Jaya to calm her down. She worked with Jaya for 30 minutes on appropriate sitting, balance and standing skills and then returned her to the floor. Lindsay prepared a note for Mary describing the day's activities and listing five strategies/activities to work on during the week. Lindsay retrieved Mary and Mason from the bedroom, discussed the note she had written, asked if Mary had any questions and left the home at 12:15 pm.

- 2) *Monique, a Physical Therapist (PT) with the Part C Early Intervention program, arrived at Karen Davidson's home at 11:30 am for Karen's 13 month old son, Peter's, PT session. Peter was sitting in a seat on the floor with his 3 year old brother, Dylan, who was racing and crashing two beat up toy cars. Peter was entranced.*

Monique and Karen sat on the floor near Peter. Karen shared with Monique the activities she and her husband had worked with Peter on during the previous week. As she talked, she lifted Peter out of his seat and sat him on the floor in front of her. Monique reviewed with Karen the positioning strategies that would best support Peter's sitting. As Peter fidgeted, Monique asked Dylan to "crash" his toy car into Peter's feet. Peter laughed as Dylan's car tickled his toes. As Dylan continues to tickle Peter's "pigs", Monique and Karen discuss ways to support Peter's sitting during meals, in the swing at the park, and in the bath.

Although both of these vignettes describe competent, concerned and compassionate therapists, Monique's consultative approach offers Karen the support and assistance she needs to meet the developmental needs of her son Peter. Karen has also been encouraged to include Peter's sibling in his "intervention", heightening Peter's interest and increasing his availability for learning. Following Monique's visit, Karen is equipped to incorporate strategies to support Peter's sitting into numerous daily routines and activities.



What is the Consultative Model of Service Delivery? (continued)

The purpose of this month's article has been to provide a brief overview of the Consultative Model of service delivery. In coming months we will address related issues, including identifying family routines, priorities and concerns and putting the Consultative Model into practice. If you would like more information about the Consultative Model of service delivery, please contact your local Technical Assistance Team Program Consultant.

Thanks to Kirsten Hammock for contributing this article.

OCTOBER 2006

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4 Provider Orientation-W. Liberty	5	6 Provider Orientation-North Key	7
8	9	10	11	12	13	14
15	16	17	18	19 TAT Monthly Meeting-Frankfort	20	21
22	23	24 SC Day 1 Training	25 SC Day 2 Training	26	27	28
29	30	31				



Accomplishments Since Provider Forums

- Improvements to First Steps website
- Providers now receive checks directly from the Kentucky Department of Treasury
- Investigating ways to provide direct deposit for providers
- Considering a monthly billing cycle
- Completed a survey on the use of the DOCS screening tool
- Record review process is being reviewed
- Working with organizers of the Infant Toddler Conference to establish a First Steps track
- Stakeholder meeting May 2-3, 2006 with Federal Technical Assistance partners and Point of Entry staff in order to improve the 45-day timeline



August 2006



Regarding Service Coordinators

In case you haven't been to the CBIS website in the last couple of days, there are several revised summary sheets and the instructions have been updated. Thanks to Sandra Wilson for the following summary.

IFSP INITIAL MEETING/6 MONTH REVIEW FORM

FORM--The dreaded insurance question has been reworded (yeah!!); there are new boxes under Adjusted Income; in the 6 Month Review section, the wording has been changed from "IFSP just completed" to "expiring IFSP"

IFSP MEETING-SUMMARY SHEET SERVICES

FORM--in the section where IFSP attendance is reported, the number of units are to be reported.

IFSP SUMMARY SHEET AMEND-

MENT/CORRECTION FORM--in the section where IFSP attendance is reported, the number of units are to be reported.

DISCHARGE SUMMARY--in section 5, the words "Date of this Review" have been removed in the first column

DEMOGRAPHIC FORM--"Mother's Maiden Name" is changed to "Mother's Last Name"

POE NEW REFERRAL FORM--"Mother's Maiden Name" is changed to "Mother's Last Name"

FIRST STEPS NEW SUMMARY SHEET FORMS FOR CBIS INSTRUCTIONS AND EXPLANATION-- middle of second page and top of third page-- "the IFSP just finished" is changed to "the expiring IFSP" first full paragraph of third page--a more detailed explanation of the way to report progress on outcomes is given"

Below is a copy of an email from a doctor to one of our Program Consultant:

Robert:

Once again, I am frustrated by First Steps' PSCs failure to provide supporting documentation.

I saw ***** this afternoon, a client of ***** from ***** Co.

No documentation to support referral, no information transmitted before hand and I am expected to make a diagnosis!

Family spent a fruitless 1 hour visit plus a 1 hour drive for no fault of their own.

If you would like me to serve these families and assist FS, then the PSCs MUST comply with my requirements of documentation.

I have informed the primary doctor and family about why this child did not receive a diagnosis and FS' responsibility to share information.

I hope that you will be able to address this. Also, *****, I have still not received any documentation despite 2 requests made incl. release sent to PSC. I don't believe it is my responsibility to track down documentation when First Steps initiates the referral!

_____, MD

Service Providers: Please follow proper procedures for our families and to ensure First Steps does not lose integrity.

August 2006



FIRST STEPS

KENTUCKY'S EARLY INTERVENTION SYSTEM



For Your Information

It has been brought to my attention that some Service Coordinators assume that Weisskopf Child Evaluation Center will schedule an ILE if one is approved by the Record Review Team. Please clarify with the service coordinators that once an Intensive Level Evaluation (ILE) is approved, a referral is required by the service coordinators. The family has a choice as to who will perform the ILE; therefore the service coordinator needs to make a proper referral.

Thanks,

Meredith Brown MS, RD, LD
First Steps Section Supervisor/ Part C Coordinator

Web site Changes & Updates
Question of the Month - Each month the Department for Public Health will pose a Question of the Month to our valued providers. By answering the monthly questions you are giving useful feedback to

the administration of First Steps.

Employment Opportunity

The [Commission for Children with Special Health Care Needs](#) (Hazard Region) will be hiring "several" RN's to work with the Department of Community Based Services FOSTER CARE system, within the next few months. These nurses will serve as a extra set of hands and eyes in the homes of children placed in Foster Care, (Regular Foster Care, not Medically Fragile) They would do home visits in the foster home and do a medical assessment on the children medical needs and refer to necessary medical providers, track past medical information and collect in our records, get well-child checks, immunizations, vision and hearing exams scheduled ETC. They will be trained on both TWIST and CUP. (Both agencies Information collection systems)

They will be looking for RN's with

experience in Pediatrics and Behavioral Health. This is NOT a hands on position, it is care coordination's services, the Social Workers are the LEAD and will remain in charge of the cases legally, these nurses are only providing medical consultation, Grade 16, Nurse Consultant/Inspector.

None of the nurses in the Hazard office are going to apply, this position would be Commission employees and may or may not be based in the Hazard office, but working solely with DCBS. These nurses will be supervised by one of our regional managers. The interviews will be conducted by this Regional Manager and a DCBS Nurse.

To apply these nurses would fill out the state application, in the position applying for be sure to put 4331 Nurse Consultant/ Inspector. Contact: Kathy Whitaker Sherman, RN, CCM; phone, (606) 435-6167 ext 225; FAX (606) 435-6164

July 2006



Attention All Providers

The state of Kentucky is switching financial accounting systems at the end of the month, going from MARS to eMARS. Sounds easy enough but there may

be issues and problems that arise, one of which could be providers getting paid on time.

Early Intervention, Education, & Child Welfare News

[Spine Specialists Offer New Break-through Scoliosis Treatment](#) Ferndale, WA - A new non-surgical treatment option allows early intervention for scoliosis.

[Meth abuse lands more kids in state care](#) Washington, DC Already overwhelmed by the shortage of services and treatment options to help children living with substance-abusing parents...

[Child welfare crisis grows with meth use](#) Contra Costa Times, CA - The drug's impact on child welfare has become so severe, it now compares to the crack cocaine crisis of the 1980s, according to a national report released ...
[Autism red flags identifiable early](#)

[on Examiner.com](#) - Early intervention is so important before age 3 - they need so much help while their brain is still developing ...

[Autism Diagnosis in Younger Kids Holds Up Over Time](#) Little Falls, NJ - The early diagnosis right may be important for researchers developing therapies for autism, and for educators developing early intervention programs targeted ...

[Diagnosis is autism challenge](#) Fredericksburg, VA - Parents and child-health advocates also clamor for early intervention and support for the types of studies that can help children be diagnosed at an earlier

age ...

[Autism Spotted at Age 14 Months](#) WebMD - This is a huge improvement in our ability to pick up kids who might be at risk and get them involved in early intervention...

[First Steps program pays lifetime dividends](#) Myrtle Beach Sun News - Data reveal two simple facts: Enriched early learning and quality early intervention programs have long-lasting positive effects on participants...

Web site Changes and Updates

Central Office has added a monthly newsletter. See [May Newsletter](#). You will want to check out the second page article entitled **Progress Made Since Provider Forums**.

Kentucky Early Intervention's Interagency Coordinating Council is currently accepting nominations for the Marge Allen Spirit Award and the Jim Henson Award. Both awards will be given at the Infant Toddler Institute in August. Read more about the awards and download nomination forms here: [Award Nomination Form 2006](#).

Helpful Links

Part C programs in surrounding states:

[First Steps Missouri Home Page](#)
[First Steps Indiana Home Page](#)
[Early Intervention of Virginia](#)
[Ohio Help Me Grow Program](#)
[Early Intervention of Tennessee](#)
[West Virginia Birth to 3](#)

July 2006



FIRST STEPS

KENTUCKY'S EARLY INTERVENTION SYSTEM



Regarding Service Coordinators

ISC

Central Office has heard concerns from PSCs about various issues around referral and in light of the PSC crunch in some areas, I would like to review the process for choosing and referring to PSCs.

Below are regs pertaining to such: 2:110 Section 1(7)(k) states that the POE shall "Discuss options for a Primary Service Coordinator" on the initial visit to the family.

2:110 Section 1(13)(b) says "Once a potential primary service coordinator has been suggested, the POE staff shall contact that person and confirm his willingness to function as the primary service coordinator." 2:110 Section 1(13)(c) says "After releases of information signed by the parent have been obtained, the POE staff shall send copies of the following information to the re-

quested primary service coordinator: 1. Initial referral information; 2. Developmental and social history; 3. Any available evaluation reports; and 4. Any available assessment reports.

Finally 2:110 Section 1(13)(d) says "The POE staff shall send notices to all identified IFSP team members of the upcoming IFSP meeting date, time and location."

Note: PSCs are required to attend the initial IFSP meeting. If the above regulations are followed, the PSCs are given reasonable notice of the IFSP meeting, they should be able to attend.

I realize POE staff have an enormous responsibility, however, the regs still need to be followed and consideration must be given to every service provider. PSCs need to be provided with as much

notice as possible when meetings are scheduled. If we run off what PSCs we have, some areas are going to be in even more desperate need than ever.

As discussed, POE quarterly meetings will be cancelled if we find that emailing can provide the communication needed between Central Office and POE staff. **ISCs, please reply to me and let me know you have read this.** The quarterly meeting is still scheduled for July 11th and arrangements will be made for POE staff to meet who do not prefer email.

Thanks!

Sarah Walker

Employment Opportunity

The First Steps **Training Coordinator** position is now posted on the UK jobs website. The job title is a **Disability Program Administrator I** (First Steps Training Coordinator Position)

You can apply for this position at the following link or feel free to contact me for more information.
<https://ukjobs.uky.edu/applicants/jsp/shared/frameset/Frameset.jsp?time=1149270586112>

Position Information	
Job Title	Disability Program Administrator I
Working Title	Disability Program Administrator I
Requisition No.	SJ512424
Job Category	General Mgt/Administration
Organizational Unit	Special Education & Rehabilitation Counseling
Grade Level	44
Salary Range	35,758 - 57,243/y
Position Type	Regular
Position Time Status	Full-Time
Hours Worked Per Week:	8:00 - 5:00 PM
Does this position have supervisory responsibilities?	No
Minimum Requirements Click Here to see Equivalencies	MA + 3Y
Required Licenses	
Shift Indicate all that apply-Days, Evenings, Nights, Weekends, On Call, Special (please explain)	Monday - Friday - 8:00 - 5:00 PM
Job Summary	This job is part of an early intervention training technical assistance system. They will serve as the training coordinator for the Kentucky Early Intervention Program in the Cabinet for Health and Family Services. Any candidate offered this position and beginning employment on or after July 12, 2006 will be required to undergo a pre-employment national background check as mandated by University of Kentucky Human Resources.
Skills / Knowledge / Abilities	Experience with working with age group - birth to age 3 and interdisciplinary training.
Preferred Education / Experience	MS in Early Childhood with 3-5 years experience
Deadline to Apply	06-08-2006
Duration of Position	
Acceptable Document Types	Resume Cover Letter

The UK ECL will have **two teaching positions opened in fall of 06**. One position is an entry level position in the toddler room. We are primarily looking for people with undergraduate degrees who are certified in IECE. The second position is for a person who is close to, or has finished his/her Masters degree and also has certification in IECE. This position is a preschool position and will require some level of curriculum coordination for the program. Contact: Jennifer Grisham-Brown jgleat00@POP.UKY.EDU

May 2006



FIRST STEPS

KENTUCKY'S EARLY INTERVENTION SYSTEM



Contract Renewal

Providers! If you have not already read [Renewal Notification](#) please do so now. All the forms necessary for Contract Renewal are now available.

See this note from Jackie Neal:

Contracts are coming in a few

each day. Today I processed seven contracts and sent three back. All three I sent back were for the same reason. On page 3 of Form 5, the bottom of that page is concerning "Violation of Tax and Employment Laws." For some reason they either forgot to check one of the choices

or they forgot to sign at the bottom or they just ignored that whole section completely. They must check that they either have or have not violated the law and they must sign on the line below where it says "Second Party (Provider)." Thanks.

Early Intervention, Education & Child Welfare News

[Understanding Autism is On the Rise](#) Ramona Journal: Early intervention helps to reduce stims," said Zelle Hammond, autism consultant for the Ramona Unified School District.

[Heading off developmental trouble early](#) Clovis News Journal: The oversight can be costly. The early intervention program cannot serve children far beyond their third birthday...

Training Opportunities

[Early Childhood Trainers Institute](#)

Meth Training: During this presentation those who provide services to children and their families will learn the basics of Meth production and the hazards related to its production. Family dynamics that may negatively affect service delivery to children will be covered as well as ways to overcome common barriers to service delivery to drug endangered children and safety measures for home visitors. CEU's are available. (See tri fold AGENDA)

PSC

There are some questions that have arisen about the income field on the [Demographic Changes/POE](#)

[Home Visit Form](#) and the [IFSP Meeting Form](#).

1. Family Share: Family chooses \$100 a month instead of giving income - write "REF" in the income amount box and check category 6.

2. Medicaid: Write "0" in the amount box, check income category 1, and MAKE SURE Medicaid ID is put on the form. The children don't get Medicaid cards every month now. However, any time the PSC is verifying demo info/any change in family's situation, etc. they should ask if they are still on Medicaid.

3. Established Risk, PSC only: write "PSC only" in the amount box, write "PSC only" in the income category box (for now--this option will be added later).

Website Changes & Updates

[Point of Entry Contact List](#) updated

Help Wanted

The First Steps Quality Assurance Administrator is currently being [advertised here](#).

Helpful Links

[National Alliance for Drug Endangered Children](#) The Alliance supports a nationwide network of professionals serving drug endangered children by providing referrals to experts, updated research on topics concerning drug endangered children, and best practice information. [Also see Kentucky Alliance for Drug Endangered Children](#)

May 2006



Accomplishments Since Provider Forums

Improvement to the First Steps Web site

Providers now receive checks directly from the Kentucky Department of Treasury

Investigating ways to provide Direct Deposit for Providers.

Completed a survey on the use of the DOCS screening tool

Conducting a stakeholder meeting on May 2-3, 2006 with Federal Technical Assistance partners and Point of Entry staff in order to improve the 45 day timeline. Meeting will also include Primary Service Coordinators, First Steps Technical Assistance Team members, Parents, ICC members and a Primary Level Evaluator.

Working with organizers of the Infant Toddler Conference to establish a First Steps track for the August 2006 conference